

**New Jersey Department of Health and Senior Services
DEAD-ILL BIRD REPORT/LAB SUBMISSION FORM
West Nile Virus Surveillance 2002**

Health Department Name: _____ County: _____

Health Officer: _____ Telephone: _____

CALLER INFORMATION: Date call received ___/___/___ Time of call _____				
Person reporting bird (first & last name) _____				
Address _____				
Street No.	Street Name	City	Zip	Township

BIRD SPECIFICS:				
Date Bird Observed ___/___/___ Individual who picked up bird: _____				
Is address same as caller's? YES NO If No, enter complete address below:				
Specific Location of Dead/Ill Bird: (If address unknown, give cross streets, e.g. Elm St./Oak Rd.)				
Street Address		City	Zip	Township
<u>PLEASE ANSWER ALL QUESTIONS</u>				
A – Type (circle one): CROW AMERICAN KESTREL		E – Is it 12” or longer from tail to beak? YES NO		
B – Is bird intact? YES NO		F - Has the bird been dead less than 24 hrs? YES NO		
C – Date of Pickup/Date Reported ___/___/___		G – Was the bird submitted for testing? YES NO If Yes: Date Submitted: ___/___/___		
D – Is the bird entirely black including feathers, eyes, beak, and legs? YES NO				

**Please fax this form to the West Nile Virus Program at 609-588-2546.
If you have any questions, please call 609-588-3121**

**Place bird into a one-gallon, clear, plastic bag with an “Easy Close Slider/Zipper.” Place this completed form facing outward into a separate clear, plastic zip lock bag. Do NOT fold or cover this form. Firmly secure the two (2) bags to each other with staples. NOTE: Keep birds refrigerated. DO NOT FREEZE
If specimen is not submitted in the proper bags with completed paperwork, testing will NOT be performed**

VIROLOGY LABORATORY ADDRESS: NJ Department of Health & Senior Services, Virology Laboratory, Specimen Receiving & Distribution Unit, Health and Agriculture Building, Warren and Market Streets, Trenton, NJ 08625-0361.

FOR LABORATORY USE ONLY

Accession Number _____	Final Result _____
Fish Crow (<33mm) _____	Crow Species (31-33mm) _____ American Crow (≥34mm) _____
Date Harvested _____	Date Tested _____ Date Data Entered _____
TaqMan _____	Tissue Culture _____ IFA _____
Comments: _____	

